

To be PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Johnitha R. McNair			
Address: P.O. Box 10941 Baltimore Maryland 21234			
Email: johnitha@comcast.net			
Telephone number: 443-248-9189			
Date of facility visit: February 23 – 24, 2016			
Facility Information			
Facility name: Chesterfield Juvenile Detention Home			
Facility physical address: 9600 Krause Road Chesterfield, VA			
Facility mailing address: (if different from above)			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Marilyn G. Brown			
Number of staff assigned to the facility in the last 12 months: 6			
Designed facility capacity: 90			
Current population of facility: 29			
Facility security levels/inmate custody levels: Pre-Disposition; Post-Disposition			
Age range of the population: 7-18			
Name of PREA Compliance Manager: Dushawn Wiggins		Title:	Program Administrator
Email address: wigginsd@chesterfield.gov		Telephone number:	(804) 706-2938
Agency Information			
Name of agency: Chesterfield County, VA			
Governing authority or parent agency: Chesterfield County, VA			
Physical address: 9600 Krause Road Chesterfield, VA 23832			
Mailing address: (if different from above)			
Telephone number: (804)748-1469			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

The Chesterfield County Juvenile Detention Home (CJDH) is a 90-bed secure residential facility providing 24-hour, seven days a week custodial care to juveniles before the court in Chesterfield County and the City of Colonial Heights. The detention home provides a highly structured program of care to meet the physical, educational, and medical needs of the juveniles detained. The facility partners with Chesterfield County Public Schools and the Virginia Department of Education to provide a fully-accredited school program, offering 5.5 hours of academic instruction daily to all residents, with nine teachers, a principal, and an administrative assistant. The CJDH Educational Program prioritizes literacy improvement and employs a Literacy Coach and Librarian. CJDH residents read over 4,200 books while in detention in FY15. Several residents have graduated from high school or earned their General Education Diplomas while residents of CJDH. The residents are provided access to various forms of engagement through creative programming that is effective and beneficial. The facility has been recognized locally and nationally for their excellence. The auditor observed residents in the facility fully engaged in opportunities for achievement in the Unbound Read-a-thon which is a program from the Center for Education Excellence in Alternative Settings. The residents were proud of and excited about the program and were able to reap the benefits of their efforts in recognition and free books. Another example of the creativity of the facility was observed in Rosie, the therapy dog. The 13-year-old Cockapoo named Rosie is certified as a therapy dog through the American Kennel Club's Canine Good Citizenship Program and Therapy Dogs, Inc. Rosie often calms the residents in the facility with her presence, especially those experiencing stress or emotional upset. She provides love and support in that she can be hugged and touched which is something the residents miss in an environment where that sort of connection with others is prohibited. The safety and security of the community as well as the residents and staff of the detention home are the primary objectives. This is exemplified in the efforts made by the facility to engage the residents with quality service provision and creating a stimulating environment that speaks to the hearts of children. The attitudes of staff lend to a professional and caring environment where the health, welfare and safety of the residents was clear from the moment one encountered them; from the most junior direct care staff to the Facility Director, it was obvious that all in the facility placed an emphasis on the care and custody of their residents. CJDH has made concerted efforts to become a more trauma-informed agency, recognizing the prevalence of trauma in the juvenile population and educating all staff on more effective responses to behavior that is often a result of trauma. As an outcome of those efforts, from FY11 to FY13, the facility decreased the use of physical restraints by 75%. There were a total of 14 physical restraints for fiscal year 2015; an achievement the facility was very proud of. The National Association of Counties (NACO) recognized the facility with an Achievement Award in the area of Criminal Justice and Public Safety for their submission on "Viewing Behavior Through a Different Lens: Trauma-Informed Care in Detention".

The detention home also provides two alternative non-residential programs for the courts of Chesterfield County and Colonial Heights. Both the Home Incarceration and Weekenders program are provided through the Virginia Juvenile Community Crime Control Act (VJCCCA) and administered by the Virginia Department of Juvenile Justice. In Fiscal Year 2015, CJDH had 476 admissions, an average length of stay of 26 days, and an average daily population of 35 residents. Juveniles may only be admitted to CJDH on a valid court order and must meet the statutory criteria for detention as enumerated in the Code of Virginia. The majority of CJDH placements are pre-adjudicatory. However, CJDH does operate an 8-bed post-dispositional treatment program. Governed by the Code of Virginia and certified by the Virginia Department of Juvenile Justice (DJJ), this program provides the juvenile court judges, who preside in Chesterfield and Colonial Heights, a secure residential alternative to commitment to DJJ for program criteria-eligible County and City residents. These non-violent juvenile offenders, fourteen to seventeen years of age, on a suspended commitment to DJJ, spend six months in a program designed to meet their individual behavioral, educational and treatment needs while remaining connected to their families who can take part in treatment and support their child as they progress through the program. Although the programs offered in state care address the same areas of need, post-dispositional detention programs allow for smaller, community-based programs that connect juveniles to familial and community resources and support. CJDH adopted a new purpose statement last year which captures the culture they provide to both residents and staff:

To provide a safe, secure, and supportive environment for court-involved youth with the goal of promoting individual growth through education and empowerment.

DESCRIPTION OF FACILITY CHARACTERISTICS

Located at 9600 Krause Road in Chesterfield, Virginia, the original facility was constructed in 1973 as a 33-bed juvenile detention home. In 2003, the facility's extensive renovation and expansion efforts were completed, resulting in almost 75,000 square feet of housing, administrative, educational, recreational, medical, and food services space. The facility employs seventy full-time and about fifty part-time staff with an annual operating budget of \$4.8 million. The facility is licensed by the Virginia Department of Juvenile Justice which is only granted for maintaining compliance with 359 state regulations.

SUMMARY OF AUDIT FINDINGS

The notifications of the audit were posted in the facility on January 8, 2016. Photographs of the audit notices were taken and submitted to the auditor via electronic mail; the photos were also included on the flash drive provided to the auditor. Areas where the notices were posted were: medical, school, each housing unit, gymnasium and intake. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive and mailed to the auditor via United States Postal Service; which was received 10 days prior to the on-site portion of the audit. There were several communications (electronic mail, regular mail and telephone calls) between the auditor and facility staff in reference to the documentation and the audit process which provided for clarity in the audit process. These communications facilitated a smooth and informed audit. The audit of the Chesterfield Juvenile Detention Home took place on the dates of February 23rd and 24th, 2016. The auditor arrived at the facility at 8:30 a.m. on February 23, 2016. An entrance conference was held the morning of February 23rd prior to touring the facility and beginning interviews. Present at the entrance conference were the Facility Director, Assistant Director and PREA Coordinator. A complete facility tour was conducted by the auditor. During the tour, staff members were observed to be fully engaged with the residents and interacting with residents in a supportive and positive atmosphere. The staff members were observed providing direct supervision during activities. After touring the facility and observing residents on the housing unit, at recreation, at school, medical and intake the auditor began interviewing residents and staff in the facility. Eight randomly selected staff from all shifts, 15 specialized staff and 14 residents were interviewed. The 14 residents interviewed were from all housing units and included the youngest and oldest residents in the facility, the most recent admission and the resident who had been in the facility the longest. Resident interviews also included any resident reporting prior victimization. The auditor departed the facility at 5:30 p.m. and returned to the facility later that evening at 10:00 p.m. and remained until 1:30 a.m. on February 24th. This afforded the auditor the opportunity to observe facility operations on the overnight shift; including shift change and staff postings. On February 24th, the auditor returned to the facility at 8:00 a.m. to complete staff interviews and review documentation. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The casefiles of all residents currently assigned to the facility were reviewed by the auditor. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: facility logs shift documentation, policies and procedures, video, training records/logs and curriculum. All personnel were professional, engaged and helpful throughout the audit process. During the on-site portion of the audit and after its conclusion, additional documentation was provided as requested. At the conclusion of the document review and the completion of all interviews an exit conference was held at 2:30 p.m. and the auditor departed the facility.

The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. In an effort to ensure all residents had received relevant PREA information during the admissions process the case files of **all** residents currently assigned to the facility were reviewed by the auditor. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: facility logs shift documentation, policies and procedures, video, training records/logs and curriculum. All personnel were professional, engaged and helpful throughout the audit process. During the on-site portion of the audit and after its completion, additional documentation was provided as requested.

Number of standards exceeded:	00
Number of standards met:	38
Number of standards not met:	00
Number of standards not applicable:	03

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) clearly details the Department’s approach to implementing the Federal PREA standards; the policy mandates zero tolerance of all forms of sexual abuse and sexual harassment. The policy requires the designation of a PREA Coordinator and states who may be designated as the PREA coordinator. A Program Administrator is the PREA Coordinator and PREA Compliance Manager for the Agency and she reports to the Assistant Director of the facility. Because the agency is limited to one facility; the Program Administrator holds both roles. The PREA Coordinator confirmed through the interview process with the auditor that she has sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards. Additionally, policy 7.14 provides the required PREA definitions and outlines the agency’s approach to implementing PREA standards as well as the guidelines and procedures for implementing the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. Included in policy 7.14 are the sanctions for those found to have participated in prohibited behaviors.

Standard 115.312 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Not applicable

Because the agency does not contract with other entities for the confinement of resident, this standard does not apply.

Standard 115.313 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility presented the current and previous Annual Staffing Plans which details the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made with consideration given to physical plant and resident population. Further, policy 10.1 (Supervision of Residents by Staff and Staffing Pattern). The facility operates four shifts to provide direct supervision 24 hours a day, seven days a week. Direct care staff, including youth supervisors and a shift coordinator, are assigned to each of the four shifts: 7:00 a.m. – 3:00 p.m., 3:00 p.m. – 11:00 p.m., and a relief shift that works 7:00 a.m. – 3:00 p.m. and 3:00 p.m. – 11:00 p.m. Between the hours of 11:00 p.m. – 7:00 a.m., six full-time staff members are assigned to work in conjunction with the rotation of the other three shifts. The 11:00 p.m. – 7:00 a.m. Shift Coordinator works in conjunction with the 3:00 p.m. – 11:00 p.m. shift to ensure adequate facility coverage. In addition to direct supervision of residents, the facility is equipped with a video monitoring system with 67 cameras that support efforts to protect residents from sexual abuse and sexual harassment. The auditor was able to observe staff postings during waking and sleeping hours, as well as the use of the camera system to supplement supervision and monitoring; including playback of data and captured video. Policy 2.1 (Personnel Policies and Procedures) requires

intermediate and higher level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The rounds are electronically documented in the facility's automated case management system. A physical review of documentation, video and staff interviews confirmed the practice of unannounced rounds. The Program Administrators and the Assistant Superintendent are conducting and documenting unannounced rounds on all shifts as reflected in facility documentation and captured on video. The auditor also requested to view video of previous unannounced rounds that were documented. The review of random of these rounds supported compliance with the standard. Facility operations were observed by the auditor during the tour and upon returning to the facility on the overnight shift. The auditor was able to observe operations which confirmed compliance with this standard. Supervision and monitoring is covered in policy 10.1, Supervision of Residents by Staff and Staffing Pattern. A review of documentation, physical observations by the auditor and interviews of staff confirms that CJDH maintains a staffing ratio of 1:10 during waking hours and a minimum ratio of 1:16 during sleeping hours. The facility has a plan to comply with the DOJ mandate of 1:8 during waking hours by the deadline of October 1, 2017.

Standard 115.315 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 10.1 (Supervision of Residents by Staff and Staffing Pattern) outlines that male and female staff are assigned to each shift and are assigned to supervise units based on their sex. Male staff supervise male residents, and female staff supervise female residents with the exception of the post-d program. Staff of the opposite sex of the residents do not supervise showers or conduct room checks. Any time a staff member has to enter an area occupied by residents of the opposite sex, they are always in plain view of another staff member and announce their presence. Policy 6.4 (Searches and Contraband) prohibits cross-gender pat or strip searches: "CJDH prohibits cross-gender searches of any kind, including pat downs and strip searches. At no time shall staff search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff who perform pat downs and strip searches are trained in how to conduct searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible while ensuring the safety and security of CJDH". Additionally, policy 6.4 states that visual body cavity searches may only be conducted at the approval of the facility director and then only by medical personnel of the same sex of the resident and witnessed by staff of the same sex as the resident, or as otherwise ordered by the courts. This process will be documented in the medical file of the resident. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Interviews with residents and staff confirm compliance with agency policy and procedures. Further observations during the tour of the facility confirmed the practice of the cross-gender announcement.

As a recommendation and in an effort to provide the most appropriate information and education to staff and residents, the facility should consider using the definitions provided in the federal standards; 115.5 and 115.6 when referring to terminology specifically defined in the standards.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires that residents with disabilities or residents with limited English proficiency are provided information that is appropriately conveyed to them that

covers all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. The policy also prohibits the use of resident interpreters, resident readers or other types of resident assistants. The facility has had no residents with disabilities in the last 12 months. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months. The facility has contracted with a vendor, Propio Language Services, who will assist in service provision to residents with limited English proficiency. Propio offers assistance in over 200 languages for over-the-phone interpreting, over 100 languages for document translation, and over 40 languages for on-site interpreting. The vendor also provides video remote interpreting services.

Standard 115.317 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 2.5 (Background Checks on Personnel) requires criminal background screening for all new hires and contractors. In the past 12 months CJDH has hired 6 staff who may have contact with residents and all 6 have had criminal background record checks completed. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there have been no contracts for services where criminal background record checks were conducted. In keeping with the requirements of the standards policy 2.5 requires criminal background checks to be conducted every five years. Prior to the hiring or promotion of an applicant, the applicant must answer all questions on the PREA Questionnaire for Fitness to Hire and Promote. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with staff and the personnel responsible for Human Resources and hiring and promotion decisions confirm compliance with this standard.

Standard 115.318 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

CJDH has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The agency has installed one additional camera in the mental health office since August 20, 1012. The facility has a total of 67 cameras.

Standard 115.321 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility does not conduct administrative or criminal sexual abuse investigations. Chesterfield County Police Department has responsibility for conducting investigations of sexual abuse. Policy 7.14 (Prison Rape Elimination Act – PREA) requires that all residents who experience sexual abuse are offered access to forensic medical examinations. Forensic medical examinations are offered at no cost to the victim and where possible, the examinations are conducted by Sexual Assault Forensic Examiners or Sexual Assault

Nurse Examiners at the Bon Secours St. Mary's Hospital or the Medical College of Virginia. The facility has a memorandum of understanding with the YWCA of Richmond to provide victim advocacy services that include: accompaniment to forensic examinations and investigatory interviews. The advocate will also provide: emotional support, crisis intervention, information and referrals. The response to a sexual assault is detailed in a flow chart that details the facility's coordinated response plan. The agreement with the YWCA of Richmond was confirmed when the auditor communicated with staff from the YWCA of Richmond by phone. There have been no forensic medical exams conducted during this reporting period.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires the immediate referral of all sexual abuse allegations to Chesterfield County Police Department. In the past 12 months, CJDH had no allegations of sexual abuse or sexual harassment. Further, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: www.chesterfield.gov/content.aspx?id=8589949755. Interviews with the Facility Administrator and other staff verified their knowledge and understanding of and compliance with the policy's requirements.

Standard 115.331 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies 7.14 (Prison Rape Elimination Act – PREA) and 2.4 (Staff Development) cover the agency's requirements for staff training. The training curriculum, staff training records and staff interviews indicate that staff receive PREA training during staff orientation and annually during refresher training. The training curriculum provided covered: the agency's zero tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident's rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training was consistent with all elements of the standard. All employees and contractors receive the training, regardless of their previous experience. 76 employees have received the training. Documentation and staff interviews verified staff comprehension of their responsibilities relating to PREA standards.

Standard 115.332 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Volunteers are provided a brochure created specifically for them which outlines their responsibilities and expectations including a section dedicated to PREA. They are required to review and are given the opportunity to ask questions about the PREA information provided. The document outlines information concerning PREA and the accompanying responsibilities. Volunteers acknowledge their understanding of the information. The document includes the reference to the zero tolerance policy, information on how to report incidents of sexual contact; and the document has to be signed and dated and is retained by the facility. 21 volunteers have been trained at CJDH.

Standard 115.333 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires all new residents receive verbal and written information related to sexual assault during orientation. Policy requires the information to include: the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Intake reviews the information with the residents and residents sign verifying receipt of the information. The procedures further require that residents receive additional information within ten days of intake. This information includes residents’ rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting incidents and, the agency’s policies and procedures related to responding to incidents of sexual abuse and sexual harassment. Documentation of the residents’ signatures is maintained by the facility. Files for all residents housed at the facility was physically inspected and reviewed by the auditor to confirm the practice of maintaining signatures. Further confirmation was received during resident and staff interviews. All 14 residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. The PREA information is presented in a manner that is accessible to all residents. During the facility tour the auditor observed the presence of PREA posters and reporting instructions posted throughout the facility. The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual impairments. The records review, observations made during the tour and throughout the audit process, and interviews of residents and staff confirm compliance with this standard.

Standard 115.334 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Standard Not Applicable

The agency does not conduct administrative or criminal sexual abuse investigations nor do they employ investigators.

Standard 115.335 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) addresses compliance with this standard. While medical staff assigned to the facility do not conduct forensic examinations, the facility has access to two hospitals in the area where forensic exams may be conducted. Medical and Mental health staff are required to receive PREA training. 100% or 8 medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility. Interviews with nurses and facility leadership support practices that fully comply with the standard.

Standard 115.341 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies 8.3 (Mental Health Screening) and 7.14 (Prison Rape Elimination Act – PREA) address this standard. A screening for risk of victimization and abusiveness is completed on each resident within 72 hours of intake and periodically throughout their confinement. The risk assessment is conducted using an objective screening instrument. 340 residents who had a length of stay of 72 hours or more were screened during the past 12 months. Staff and resident interviews and a review of every resident record confirm that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted this includes periodic reassessments.

Standard 115.342 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies 8.1 (Resident Intake Process: Intake and Orientation) and 7.14 (Prison Rape Elimination Act – PREA) address compliance with this standard. Policy 7.14 outlines that the agency use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy further states that residents may be isolated from others only as a last resort and then only when less restrictive measures are inadequate to keep them and other residents safe and only until an alternative means can be arranged. There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive, further, policy prohibits placing LGBTI residents into particular housing, bed or other assignments solely on the basis of such identification or status. Housing and programming assignments for transgender or intersex residents in a facility on a case-by-case basis. A review of resident files revealed all residents were appropriately classified and supervised according to the information gathered from the screening tools. Based on the records review of each resident and interviews of staff and residents the facility has demonstrated compliance with this standard

Standard 115.351 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) demonstrates compliance with this standard. There

are multiple internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting sexual abuse or sexual harassment; and staff neglect or other violations that may contribute to abuse. Residents may make written, verbal or anonymous reports. Staff and residents also understand that residents may utilize third parties to make reports. There are no residents detained solely for civil immigration purposes. Residents receive reporting information at intake, this information is also found in the resident brochure. Reporting information is clearly posted throughout the facility and adjacent to the telephones to assist residents making reports using the telephone. Interviews with staff and residents support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.

Standard 115.352 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies 7.14 (Prison Rape Elimination Act – PREA) and 7.2 (Resident Grievance Procedures) outline the facilities response to this standard. The facility has an administrative process for responding to resident grievances. Residents are provided information as to how to file a grievance during the intake process which is documented on the Admission and Orientation form which is signed by residents and staff during the intake process. In accordance with the policy, residents shall be continuously advised of their right to file a grievance through written notice posted on all housing units. The Notice is written in clear and simple language and takes into consideration the various ages and developmental levels of the residents housed at the facility. Further, written notice is posted in the parent visitation vestibule and the intake waiting area (adjacent to the sally-port) for the informative benefit of parents and legal guardians who may file grievances on behalf of residents if such a need arises. Policy demonstrates a process that provides for unimpeded access to residents in an effort to file a grievance or lodge any complaint or issue with administrators. The grievance process provides a timely response to all resident grievances and establishes a process for administrative review to ensure compliance with the policy. Residents will receive a response as to the status or resolution of the grievance within 72 hours of administration receiving the grievance. Residents are not required to use an informal grievance process or to attempt to resolve with staff alleged instances of abuse. In addition to receiving this information at Intake, the resident handbook contains information regarding the grievance system. Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. When referring to emergency grievances policy requires that if a resident has an emergency grievance, the grievance shall be given to an administrator as soon as possible to ensure that the matter is investigated, immediate corrective action is taken, and the resident receives a response within eight hours of filing the grievance. The resident shall not submit an emergency grievance to the staff member who is the subject of the complaint. Based upon the nature of the grievance, appropriate action, including removing the staff who is the subject of the grievance from contact with residents, shall be taken immediately. The policies presented as well as the responses from residents and staff during the interviews demonstrate compliance with this standard. There were no grievances alleging sexual abuse during the last twelve months. There were no regular or emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies 7.14 (Prison Rape Elimination Act – PREA); 7.4 (Resident Telephone Calls); and 7.5 (Visitation) outline how the facility meets compliance with this standard. An MOU with the YWCA of Richmond, VA provides for outside victim advocacy services. A review of the MOU states that the services include education and training for residents and staff, counseling services, and referral services for victims. The advocacy services were confirmed through interviews with staff and a conversation with staff from YWCA. Residents have access to the phone number and mailing address to the YWCA. Resident interviews confirmed that they knew how to make contact with the YWCA. Answers from residents regarding service provision from confidential support services ranged from counseling and help to someone outside of the facility to talk with about problems. While the answers varied, it appeared residents understood that they would be provided assistance that was confidential and supportive in nature. Staff and resident interviews confirmed that residents have reasonable access and that access is provided in as confidential a manner as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representation, as well as parents and legal guardians. Residents reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives. Attorneys and legal representatives are able to visit with residents at any time during waking hours. Parents and guardians may visit twice a week on Wednesday evenings from 6:30 p.m. – 7:30 p.m. and on Sunday afternoons from 3:30 p.m. – 4:30 p.m. Accommodations may be made to schedule alternate visiting days or hours for parents that may require them with administrative approval.

Standard 115.354 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Compliance with this standard is supported by policy 7.14 (Prison Rape Elimination Act – PREA) which outlines the methods by which third-party reports of resident sexual abuse and sexual harassment are provided. Additionally, the agency website (<http://www.chesterfield.gov/content.aspx?id=8589949755>) provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a youth's right to report sexual abuse or sexual harassment to a trusted staff member as well as others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations of sexual abuse and sexual harassment. Staff and youth were able to provide various examples of third parties, including "parents, guardians, trusted adults, and attorneys".

Standard 115.361 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Interviews with staff reflected that all are aware of this requirement and were able to clearly state their responsibilities related to reporting, including reporting the information immediately and documenting all reports they receive. Interviews with staff also revealed that staff understand the requirement to report retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy further establishes the prohibition of staff revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The facility developed a flow chart detailing the reporting process in an effort to ensure all follow the requirements of policy that are in keeping with the standard. Compliance of the standard was demonstrated by responses provided by staff during the staff interviews and a review of the policy and supporting documentation.

Standard 115.362 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Responses provided by staff demonstrated that their responsibility was to the resident and that when learning that a resident was subject to a substantial risk of imminent sexual abuse, staff would immediately protect the resident by separating the resident from the alleged abuser, immediately notifying the supervisor and documenting the allegation and their response. Staff stated they would take all allegations seriously. The responses of staff were in keeping with the policy outlining agency protection duties; 7.14 (Prison Rape Elimination Act – PREA) which requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. There were no residents identified as being at risk for sexual abuse in the past 12 months. Interviews with staff and the director confirmed compliance with this standard.

Standard 115.363 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires that upon receiving an allegation from a resident that he/she was sexually abused while confined at another confinement facility (i.e., detention center, Juvenile Correctional Center), the staff member receiving the report shall notify the Director or her designee. The Director or her designee shall contact the Director of the confinement facility where the alleged abuse occurred and shall also notify the Department of Juvenile Justice Certification Unit. Such notification shall be made as soon as possible but no later than 72 hours from the time the resident made the report. The Director or her designee shall document such notification. If CJDH receives such a report from another confinement facility, the matter shall be investigated in accordance policy 7.14. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by CJDH from other facilities. The interview with the facility Director revealed that she had a clear understanding of this policy and the PREA standard and her duty to immediately report allegations received of abuse of residents while confined at other facilities as well as the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at CJDH.

Standard 115.364 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; requesting the alleged victim not take any action that could destroy physical evidence; and ensuring that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. During staff interviews, they were able to speak to the aforementioned steps and their responses demonstrated a clear understanding of their roles as first responders. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Bon Secours St. Mary's Hospital or the Medical College of Virginia for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. There were no allegations of sexual abuse during the past 12 months.

Standard 115.365 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is detailed in policy 7.14 (Prison Rape Elimination Act – PREA) and a graphic flowchart used for quick reference. The plan details actions to be taken by staff first responders, medical, mental health, investigators and administrators. The plan also details the order of the response by action and who is responsible for each action. The plan was reviewed and is in compliance with this standard. Interviews with the Director and other staff including staff first responders, medical and mental health revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse in keeping with the facility's coordinated response plan, the policy and the PREA standards. The coordinated response plan, PREA policy and response of staff during interviews demonstrated compliance with this standard.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Standard Not applicable

Chesterfield Juvenile Detention Home is not a collective bargaining agency, therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Compliance with this standard was found by the responses from interviews held with the PREA Coordinator/Compliance Manager and facility Director as well as guidelines in Policy 7.14 (Prison Rape Elimination Act – PREA) which outlines how the agency will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Program manager assigned as the PREA Coordinator/Compliance Manager has been designated by the agency as having primary responsibility of monitoring for possible retaliation. Interviews with the PREA Coordinator/Compliance Manager demonstrated a clear understanding of her role to monitor for changes that may suggest possible retaliation by residents or staff; she was able to provide various examples including increased resident behavior reports, unit changes and increased reports of incident involvement; as it related to staff she responded she would look for changes in performance reviews, attendance, work/unit assignments. The Program Manager reported that she would actively monitor for retaliation by meeting with staff and residents who had reported sexual abuse or sexual harassment or who had cooperated with investigations. During the interview she indicated that she would respond immediately to remedy retaliation and that she would monitor for retaliation for at least 90 days and longer if the situation called for a longer monitoring period to ensure that safety of residents and or staff. The interview with the Director indicated she would ensure compliance with the policy for monitoring for retaliation by meeting with the Program Manager and Assistant Director to ensure steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.

Standard 115.368 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) The facility prohibits isolation as a means of post-allegation protective custody. The facility has the ability to separate residents from each other within the facility and by moving residents to other facilities if the need arises. No resident has alleged sexual abuse in the past 12 months, post-allegation protective custody has not been necessary.

Standard 115.371 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires CJDH to only conduct initial inquiries of all reported incidents of sexual abuse, neglect and misconduct. Criminal investigations shall be conducted by the Chesterfield County Police Department, and all incidents will be reported to the Chesterfield-Colonial Heights Department of Social Service Child Protective Services (CPS) for investigation regarding child abuse and neglect. In the event of a reported incident of sexual abuse, CJDH will coordinate actions among staff first responders, medical and mental health practitioners, investigators and CJDH administration. All allegations of sexual abuse or sexual harassment will be investigated, and referrals to

the Chesterfield County Police Department for criminal investigations shall be documented. Policy requires the facility to cooperate fully with investigators and to remain informed about the progress of the investigation. Substantiated allegations of conduct that appears to be criminal will be referred by the Chesterfield County Police Department for prosecution. CJDH will retain such investigative records for as long as the alleged abuser is placed or employed by CJDH, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. Policy further requires staff members to cooperate with all investigations. There have been no sustained allegations of abuse or harassment since August 20, 2012. Staff interviews confirmed their knowledge of criminal and administrative investigations completed by Chesterfield County Police Department and the Colonial Heights Department of Social Services. Responses from staff during interviews as well as the guidelines outlined by policy demonstrate compliance with the standard.

Standard 115.372 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.373 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires that any resident who makes an allegation that he or she suffered sexual in the facility is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were no criminal or administrative investigations of alleged resident sexual abuse, therefore, there were no notifications made to residents in the past 12 months. Because the Chesterfield County Police Department and the Colonial Heights Department of Social Services conduct criminal and administrative investigations, the agency requests relevant information from the investigative agency in order to inform the resident. In the past 12 months there were no investigations conducted by an outside agency. Policy requires that following a resident's allegation that a staff member has committed sexual abuse against a resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications and attempts of notifications shall be documented. There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. Policy further states that following a resident's allegation that her or she has been sexually abused by another resident in the facility the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications are documented. There have been no notifications to residents pursuant to this standard in the past 12 months.

Standard 115.376 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) outlines the agency’s disciplinary response related to violations of PREA policies by staff. Policy states staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff from the facility have violated or have been subsequently disciplined short of termination, or terminated for violating the agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of CJDH’s PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Chesterfield County Police Department, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.

Standard 115.377 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to the Chesterfield County Police Department, unless the activity was clearly not criminal, and to relevant licensing bodies. The policy further requires that CJDH will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.

Standard 115.378 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been no administrative findings of or criminal findings for guilt of resident-on-resident sexual abuse occurring at the facility. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, CJDH shall not

deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Interviews from staff confirm that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility offers the same services to offending residents and that the facility may require participation in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The CJDH mental health clinician will be consulted in administering discipline. CJDH will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. CJDH prohibits all sexual activity between residents, further, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 8.3 (Mental Health Screening) directs that based upon affirmative responses to a specific set of questions on the Mental Health Screening Form, designed to alert to the possibility of sexual victimization or abusiveness, the resident is referred to the Mental Health Clinician or, in her absence, the Mental Health Case Manager, the PREA Coordinator, or the Program Administrator. The Mental Health Clinician will meet with the referred resident within 72 hours of admission and, through conversation, observation, and file reviews including court records, case files, and behavioral records, administer the PREA Screening Form. The PREA Screening Form was developed in consultation with the mental health clinician and the Chesterfield County Department of Mental Health Services and approved by the CJDH Director. The information gleaned from the mental health clinician is limited to those who have a need to know to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The completed PREA Screening Form is maintained in the mental health clinician's files. A review of documentation and interviews with youth confirm that residents having reported prior sexual victimization during screening were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Additionally, residents who had previously perpetrated sexual abuse, as indicated during the screening pursuant to standard 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Policy 7.14 (Prison Rape Elimination Act – PREA) requires medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. A review of policy, documentation and staff interviews confirmed compliance with this standard.

Standard 115.382 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health staff confirm their understanding and compliance with this standard.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) addresses ongoing medical and mental health care for sexual abuse victims and abusers. Policy requires CJDH to offer ongoing medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. CJDH has entered into a Memorandum of Understanding with Chesterfield County Mental Health Support Services to provide ongoing mental health care for sexual abuse victims and abusers pursuant to this standard. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offers treatment when deemed appropriate by a mental health practitioner. Responses received during interviews with medical and mental health staff and residents confirm compliance with this standard.

Standard 115.386 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) outlines compliance with this standard and provides information regarding the incident review team and its role. The Policy details the make-up of the sexual abuse incident review team. Policy also outlines the elements to be considered in their assessments of incidents. Further, policy dictates the facility conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been

substantiated, unless the allegation has been determined to be unfounded. In the past 12 months there have been neither criminal nor administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. Policy states that the facility will implement the recommendations for improvement or documents its reasons for not doing so. Interviews with staff who make up the facility incident review team, as well as the Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed.

Standard 115.387 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) supports compliance with this standard. Policy requires that CJDH use a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. CJDH will aggregate the incident-based sexual abuse data at least annually. CJDH will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, CJDH will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.388 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act) addresses this standard. CJDH will review data collected from all reports of sexual abuse in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training, including: identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CJDH's progress in addressing sexual abuse. The report shall be approved by the Director and made readily available to the public through the agency website. CJDH reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of CJDH, but in so doing will indicate the nature of the material redacted. A review of documentation confirms this practice.

Standard 115.389 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy 7.14 (Prison Rape Elimination Act – PREA) requires that data is collected and securely retained for at least 10 years after the date of initial collection unless Federal, state or local laws require otherwise. The aggregated PREA data is made publicly available after all personal identifiers have been removed. Policy demonstrates compliance with this standard.

AUDITOR CERTIFICATION

I, Johnitha Rothell McNair, certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

March 20, 2016

Date